

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037927 (6)**

1. Corporation Name
PYRAMID NUTRITION CORPORATION



Principal Place of Business 2295 CORPORATE BLVD NW STE 134 BOCA RATON FL 33431	Mailing Address 2295 CORPORATE BLVD NW STE 134 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME →	2a. Mailing Address 26 3116 N. FED HWY	3. Date Incorporated or Qualified 05/02/1996	3a. Date of Last Report
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0679525	Applied For <input type="checkbox"/> Not Applicable
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22. City & State 27 SUITE 344	27. City & State LIGHTHOUSE PT, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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23. Zip 24 33064	Country 25	28. City & State 29 BROWARD	30. Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROTHMAN, LEE M 2295 CORPORATE BLVD NW STE 134 BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Lee M. Rothman** (NOTE: Registered Agent signature required when reinstating) **7-30-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHBACH, CARY 2295 CORPORATE BLVD NW STE 134 BOCA RATON FL 33431	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CARY REICHBACH 6096 GLENDALE DR. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRANGSHOLT, CHRISTINE 1100 S.E. 14TH AVE DEERFIELD BCH, FL 33441	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REICHBACH, JOLY 625 NW 11TH AVE POMPANO BEACH, FL 33060	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Lee M. Rothman** **7/30/97**

CR2E034 (4/97)